



King County

Mental Health, Chemical Abuse and Dependency Services Division

Department of
Community and Human Services

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King County Mental Health Advisory Board (MHAB)

Regular Meeting

January 13, 2015

Members Present: Lauren Davis, Maria Davis, John Holecek, Kristen Houser, Veronica Kavenagh, Toni Krupski, Allen Panitch, Heather Spielvogel

Members Absent: Nancy Dow, Katelyn Morgaine (excused)

Guests Present: Kristina Sawychyj (Moreland), Carolyn Graye, Andrew Guillen (Seattle Indian Health Board), Tony Charity (Esterline), Andrew Overmyer (University of Washington), Michele Scoleri, Kathy Obermeyer, Jeanne Slonocker (Mental Health Ombudsman Service), Robie Flannagan (Peer Bridger – Harborview Medical Center), Joan Clement (ASAAB)

Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) Staff Present: Jean Robertson, Kathy Crane, Heather Whitten

I. Welcome and Introductions

Heather Spielvogel, Vice-Chair, convened the meeting at 4:38 pm, in the Chinook Building, 401 5th Avenue, Seattle, Conference Room 126. Members were welcomed and introductions were made by each member. A quorum was present for the meeting.

II. Minutes – Kristen Houser

The last meeting minutes approval was deferred due to a question concerning a correction requested by Lauren; Bryan will review the issue.

III. Children's Mental Health Services – Kathy Crane

General Overview

*Refer to Flow Diagram

Kathy gave a quick overview of her presentation and began with the flow diagram. Brief History: In the 1980's the federal government created a system to integrate and coordinate services to increase effectiveness, this was known as the System of Care

(SOC). Federal Definition: A SOC is a compressive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and their families. Families have many sources for assistance during times of crisis, some of which may be difficult to navigate. 1998 King County received a five year SOC grant and developed a comprehensive children's mental health plan. This plan is the basis for the programs featured in the diagram. Resiliency and Recovery are the overarching goals throughout the system and through all the programs.

- The first contact with the King County system may be any of the providers in the first column – Crisis Clinic, Juvenile Justice, etc.
- Some providers may refer the client to other providers in the system for additional treatments or to Guided Pathways Support for Youth and Families (GPS), a family-run, free-standing, non-profit, family support organization.
- The Juvenile Justice Assessment Team: Provides an intensive screening process to youth involved in the judicial system. Referrals can be made for additional assistance through this resource.

*Refer to King County RSN - January 2015 page

- In 2013 ~12,900 youth received mental health services through the King County system. ~12,000 of them utilized the outpatient services, 800 were under the age of six. Approximately 30 percent of the services delivered by King County are provided to youth.
- Parent Partner Support, which is a peer support model. There are close to 35 parent partner/peer counselors who add to coordinated system of care.
- Wraparound: Is an intensive team-based planning process which wraps services and supports around the child and family to promote self-reliance. It is the evidence based principle delivery model for Systems of Care. Prior to the MIDD funding, wraparound served about 120 families, in 2014. King County was able to provide services to 700 youth/families. The typical length of utilization is 18 months.
- Children's Crisis Outreach and Response System (CCORS): Is a crisis outreach for any family having a behavioral health crisis and not currently enrolled with a County Mental Health Agency. The Crisis Clinic can deliver this "on location" service in less than two hours or through a next day appointment without regard to financial status. The CCORS is utilized to divert 91 percent of patients from inpatient MH stays.
- Intensive Stabilization Services (ISS): Can provide additional services for up to 90 days for complex needs and assistance in building coping skills. This service is available to non-currently enrolled families as well as those enrolled in mental health services.
- Children's Long Term Inpatient Programs (CLIP) – Navos runs McGraw, the State provides the Child Psychiatric Hospital in Stillacoom, Tacoma has the Pearl Street Center and Spokane has Tamarack Center all of which total 85 available beds. There are 20 to 30 King County children in CLIP during any year.

Wraparound services are utilized before, during, and after a CLIP stay, which is usually under a year.

In 2003 in King County 656 children were hospitalized, in 2013 that number was 269, of which 60 were involuntarily hospitalized, this decline is seen as a direct result of CCORS, Wraparound and other intensive diversion supports.

*Refer to Fact Sheet: Programs and Initiatives

- A review of the systematic redesign of the children's mental health system in Washington State. Integration of Systems of Care (SOC), creation of Administration of Children and Families (ACF) grant, and Improvement of CLIP services. "System improvements are being designed to be effective, coordinated, community-based, and culturally responsive with a sufficient array of flexible and coordinated outpatient home and community-based services and supports."
- Review of the 2009 class action lawsuit to improve children's mental health services. This is a description of the goals of the lawsuit approved in December of 2013. Definition of the participants, of the improvements to the existing system, and what the settlement expects to achieve.
- Wraparound with Intensive Services (WISE): Wraparound with Intensive Services is the model implemented to meet the lawsuit expectations, delivered through the participants mental health system.
- The State has developed a manual to describe WISE services.

Questions & Answers:

Q) Do any providers offer Chemical Dependency services for children?

A) Not Kathy's area of expertise – Can get additional expertise to the group.

Q) Wrap is available for Medicaid and private insurance participants, while WISE is only available for Medicaid participants.

A) Yes that is correct. Wrap is a team planning process for participants.

*Refer to WA State Children's MH System Principles

- Excerpt from the 2012 contract between the County and the State. This is the State's response to the class action lawsuit---these are the same as System of Care goals. Back of the page lists the Core Practice Model which is utilized with the Wraparound program. None of these principles are new to King County's Mental Health system.

*Reference materials can be found here:

<http://www.kingcounty.gov/healthservices/MentalHealth/Board/ArchivedMinutesandMeetingMaterials.aspx>

IV. Chairperson's Report – Kristen Houser

Kristin had no specific items to report on; however she did remind the group that membership is important. There is a process for interested parties to become Board members, Alicia Glenwell and Bryan Baird can assist with that. It is possible at a future time that this board could integrate with the Chemical Dependency board.

Tentative Topics: How the Health Plans are delivering care and interacting with King County RSN. It is possible that Plan representatives or Karen Spoelman, who works with the Plans, may present to the membership.

Co-occurring treatment needs in children and how it's being met by providers.

How can consumers contact the mental health providers they need?

How does the legal system respond to consumers' mental health needs?

Kristen would also welcome other topics of concern to the members.

V. Committee Reports

Legislative Advocacy & Public Affairs Committee – Lauren Davis

- County Priorities – Capital Funding. Medicaid does not cover brick and mortar such as for new evaluation and treatment facilities, changeover to psychiatric beds in hospitals, outreach and engagement services, or housing.
- Designated Mental Health Professional (DMHP) amending statutory response timelines so cases are not dismissed in ITA court.
- Integration of involuntary treatment laws – so there is no discrimination based on client diagnosis.
- Amendment of the involuntary treatment act to exclude Organic Disorders and Dementia. State funding needs to be allocated for specific facilities for these disorders.
- Institutions for Mental Disease (IMD) – Medicaid will not pay for services in facilities of over 16 beds. The State currently has waiver language for the next two years. This is a federal issue, action is being taken now to try to correct this issue.
- Related Legislation:
 - National Alliance for Mental Illness (NAMI) – working on two previous issues - Statutory authorization of Involuntary Outpatient treatment and Peer Crisis Services.
 - University of Washington – a bill to include pharmacists in suicide prevention training, per their request. Suicide prevention readiness review for colleges and trade colleges. Firearm restraining orders – would restrict access to firearms even if the client was not involuntarily detained in the mental health system.

Membership Committee - Alicia Glenwell

Alicia not available for the report at this meeting.

VI. Staff Reports – Jean Robertson

The Supreme Court Lifted the Stay on the Boarding decision on December 26th. With an increase of resources from Cascade Behavioral Health opening beds and the streamlining of procedures throughout the provider system there were only four clients in single bed certifications as of Monday the 12th, and those were due to medical issues.

Crisis Clinic is assisting by partnering to provide Patient Placement Coordination during holidays, weekends, and after hours. This position provides the DMHPs with a real time bed status.

Governor's Budget: There may be several budget cuts which may include funding from the PALS program which was a step-down residential treatment program on the grounds of the state hospital. This program closed in 2011 and some funding was redirected to the RSNs for residential treatment funding. These funds allow for clients to return to their communities and funding loss would reduce the County's capacity.

Offender Reentry Community Support Program – this program assists clients to leaving prison to transition safely back into their communities.

Two 16-bed evaluation and treatment facilities are planned, one in will be available late in 2015 the other in early 2016.

Much progress has been made in capacity and treatment referrals in the recent months.

VII. Other Business

Statement of Financial Interests paperwork was distributed to members to complete. This is a county requirement for all employees and members of Boards and Commissions. Bryan Baird will follow up and contact members to assure timely completion of the forms.

VIII. Board and Community Concerns

Lauren suggests that the meeting guests say a few words concerning what brought them to the meeting.

Andrew Overmyer: Masters candidate at UW, worked in management administration for a mental health clinic in Michigan, interested in learning more about the mental health system.

Michele Scoleri: interested in learning and staying informed on issues in the County.

Andrew Guillen: Project coordinator at Seattle Indian Health Board, working with native health issues and their recently awarded Circles of Care grant, came to get a feel for the County system.

Tony Charity: Served in an alcohol rehab unit in the navy, volunteers at the St. James Cathedral in their mental health ministry, served on Snohomish drug and alcohol board.

Kristina Sawyckyj-Moreland: Parent consumer, who has a child with addiction and mental health issues.

Carolyn Graye: Consumer and music educator with an interest in how the arts can assist in mental health and as an advocate for this population.

Kathy Obermeyer: a past psychiatric nurse and now a consumer with adult children with mental health issues.

Robie Flannagan: Peer Support Specialist, works in the system and advocates for system changes.

Adjourn

Meeting was adjourned at 6:20pm by Kristen.